

JUL

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION VII 901 NORTH 5TH STREET KANSAS CITY, KANSAS 66101

MEMORANDUM

7 2003

SUBJEC	T: Transmittal of I	Inspection Report - RCRA				
FROM:	Betty J. Berry, C ENSV/ARCM	Chieffern	nieffer a Bory L			
TO: Diane Huffman, Chief ARTD/RESP						
Environr	This memorandum transmental Services Division:	nits the following ins	pection report c	conducted by t	the	
FACILITY: ADDRESS:	Electrolux(Frigidaire) Home Products 601 E. Central Ave.	INSPECTION DATE: 04/0 INSPECTOR: TTE SIC CODE: FACILITY ACTIVITY: Ma	ID NUMBER ACTIVITY N	: IAD047055140 UMBER:	ssions	
PRELIMINA	IA 50129 ARY INSPECTION FINDINGS:	NOV/NOPF ISSUED -	No SN	C - No		
COMMENT	S:					
	CWA RCRA E/ 2) Inspection was part of a mu * A=CAA, W=CWA, R=RCR	ultimedia inspection with the A, T/E=TSCA/EPCRA, U=U	following participatin	UIC EJ ng programs* - c, S=SPCC, Wet.=	□PWS □All	
	MENTAL JUSTICE: Inspection was SINESS REGULATORY ENFORCE					





RCRA SCREENING INSPECTION REPORT

At

ELECTROLUX HOME PRODUCTS

601 East Central Avenue Jefferson, Iowa 50129

EPA ID Number: IAD047055140

On

April 9, 2003

By

TETRA TECH EM INC.

For

U.S. ENVIRONMENTAL PROTECTION AGENCY Region 7

Environmental Services Division

At the request of the Environmental Services Division and the Air, Resource Conservation and Recovery Act (RCRA) and Toxics Division of the U.S. Environmental Protection Agency (EPA) Region 7, Tetra Tech EM Inc. (Tetra Tech) conducted a RCRA screening inspection at the Electrolux Home Products facility, formerly Frigidaire, at 601 East Central Avenue, Jefferson, Iowa. The inspection was conducted under RCRA, as amended. As requested by the EPA compliance officer for the facility, the inspection covered hazardous waste generator requirements. This report and attachments present the results of the RCRA screening inspection. The RCRA Info Data Verification Handler Information Report is included as Attachment 1, the Confidentiality Notice is included as Attachment 2, and the Region VII Multimedia Screening Checklist is included as Attachment 3.

Attachment 1

RCRA SCREENING INSPECTION CHECKLIST

INITIAL INFORMATION	
A. Facility Name: Electrolax Home Products	EPA I.D. #: IAD \$47655146
Address: 601 E. Central Ave.	Date/Time: 4/9/03
Jefferson, IA 50129	Phone #: 5/5 - 386 - 1/05
B. Activity #: Inspector Name/Title:	Ann Galbraith /Tetra Tech, Env. Engine
C. Initial Drive-By; Obvious Concerns, Observations, or Questions:	
D. Facility Representatives:	Titles:
Gary Long	Operations Manager
Paul Pope	_ ENV., Heath & Sate ty Manager (by phon
E. Introduction:	
(L)Credentials/I.D. (L)Purpose (L)Authority (Sec 300	77 RCRA) (UScope (UCBI Explanation
(Collection of Correct and Accurate Information (Sec 1001/10	02 U.S.C.)
F. Access Granted: (Yes ()No; Obtain Name, Time and Reas	son:
G. Type of Facility: ()Federal ()State ()County ()City ()Private
H. Obtained GPS Reading: ()Yes No	
. Any Previous Contact With Federal/State Environmental Regulato	ors? ()No Myes: Describe: Flood Turpact
Screen he Insection conducted 11/14/94	
Then we are the contract of the contract of	The state of the s
Harcalald	aundar equipment manufacturing
J. Description of Facility Operations: Household	cunary equipment winistaction
[build Transmissions for	washing machines.).
	<u> </u>
	•

II. WASTE STREAMS

A. Complete the Top Portion of a Waste Stream Data Sheet for Each Waste Stream. Provide specific details.

III. VISUAL INSPECTION

A. Complete a Waste Manag	gement Area Data Sheet for Each Waste Management Area That is Visually Inspected.
IV. DETERMINATION OF REGUL	ATORY STATUS
Non Handler ()Conditional	ly Exempt Small Quantity Generator ()Small Quantity Generator ()Large Quantity Generator
()TSD: Describe:	
()Other; Describe:	
V. WASTE STREAMS	
	rtion of the Data Sheet for Each Waste Stream.
A. Complete the Bottom 10	
VI. EXIT BRIEFING	
(VCBI Forms Completed (UF	indings and Observations Summarized for the Facility Officials
NOV Issued: ()Yes (YNo	
	All Violations Cited and the Need to Respond Within 10 Days
	reening Only, Does Not Cover All Requirements, and that a Full CEI May Be Conducted in the Future
· All Control of the	rmation: ()No (YYes; Describe:
Left Compliance Assistance Info	rmation: ()No (Yes; Describe:
VII. SIGNIFICANT COMMENTS FACILITY has ex	and observations: Impared all hazardous waste streams. Facility supmitte
a RCRA Substitle Change of the faci	Indentification form on 2/10/03 in which they noted the name lity from Francisco to Rectolux, and also noted that
it no longer has	any hazardous waste.

WASTE STREAM DATA SHEET

ivalle of vvas	
Generation Pr	
	of machinery facts.
Waste Genera	ation Amount and Frequency: 2 6,55-gallondowns (1001bs each) every quarter
Waste Classi	fication by Facility: ()Uncertain or Not Done ()Non-Hazardous ()Hazardous; Codes:
Waste Identif	fication/Determination by : (VProcess/Product Knowledge (VTesting ()Not Completed by Facility
Describe (MS	SPS, Product Labels, Test Results, Etc.): MSDS and anglytical results of testing prov to
Shipmen	toffsite. Solvent has a flashfort greater than 140° F.
Current Wast	te Management and Disposal Practices: Spent 50 vert managed in drum and identified as
	ardows: Transported by Barton Salvents Inc. 4 WRR Environmental Services in
- 01	ire Is/I:
Kau Cla	
	Para de Chefre 2012) usal a stan
Past (Go Bac	k At Least 5 Years) Waste Management and Disposal Practices: Previously (before 2002) used a Salver
witha	Flash point less than 140°F. That solvent was managed as hazardous waste.
Does Facility	Have Any Shipping Records or Manifests for Off-Site Disposal? ()No (Wes; Describe Manifests
Does Waste	Seem to be Properly Classified? ()Yes ()No; Description of Problem:
Were Photoc	opies Collected As Documentation? ()No ()Yes:
*******	*******************************
	Screening Questions for the Above Waste Stream
Does Imprope	er or Inadequate Waste Determination Result In Real or Potential Harm to the Environment? e Based on Amount of Waste, Type of Potential Contamination, and Current Method of Handling/Disposal>
(N/A ()	
Has There Be	een a Failure to Use a Manifest for Off-Site Shipment(s)? (If Required) No ()Unsure ()Yes
,	
	en Any Illegal or Improper Off-Site Disposal? (If a Hazardous Waste) No ()Unsure ()Yes>CONDUCT FULL CEI
(VIN/A ()	No ()Unsure ()Yes>CONDUCT FULL CEI
Has There Be	een Any Illegal or Improper On-Site Disposal? (If a Hazardous Waste)
(V/N/A ()	No ()Unsure ()Yes>CONDUCT FULL CEI
Hac There Be	Any Regulated On-Site Treatment of Hazardous Waste Without a Permit?
	No ()Unsure ()Yes>CONDUCT FULL CEI
Any Significa	ant Storage Over Allowable Limits? (If a Hazardous Waste) se Based on Type and Amount of Waste, As Well As Time Exceedence>

SOP No. 2321.5A Page 17 of 24 WASTE STREAM DATA SHEET Name of Waste Stream: Generation Process (Detailed): Waste Generation Amount and Frequency: 🌣 🐬 Waste Classification by Facility: ()Uncertain or Not Done ()Non-Hazardous ()Hazardous; Codes: Waste Identification/Determination by: ()Process/Product Knowledge ()Testing ()Not Completed by Facility Describe (MSDS, Product Labels, Test Results, Etc.): Current Waste Management and Disposal Practices: Past (Go Back At Least 5 Years) Waste Management and Disposal Practices: Does Facility Have Any Shipping Records or Manifests for Off-Site Disposal? ()No (VYes; Describe Does Waste Seem to be Properly Classified? () Yes () No; Description of Problem: Were Photocopies Collected As Documentation? ()No ()Yes: Screening Questions for the Above Waste Stream Does Improper or Inadequate Waste Determination Result In Real or Potential Harm to the Environment? < Significance Based on Amount of Waste, Type of Potential Contamination, and Current Method of Handling/Disposal> ----> CONDUCT FULL CEI ()N/A ()No ()Unsure ()Yes-----Has There Been a Failure to Use a Manifest for Off-Site Shipment(s)? (If Required) ----> CONDUCT FULL CEI ()N/A ()No ()Unsure ()Yes-----Has There Been Any Illegal or Improper Off-Site Disposal? (If a Hazardous Waste) ----> CONDUCT FULL CEI (N/A ()No ()Unsure ()Yes-----Has There Been Any Illegal or Improper On-Site Disposal? (If a Hazardous Waste) Vaste) -----> CONDUCT FULL CEI ()N/A ()No ()Unsure ()Yes-----Has There Been Any Regulated On-Site Treatment of Hazardous Waste Without a Permit? ()NA ()No ()Unsure ()Yes----->CONDUCT FULL CEI

----> CONDUCT FULL CEI

Any Significant Storage Over Allowable Limits? (If a Hazardous Waste)

()N/A ()No ()Unsure ()Yes-----

< Significance Based on Type and Amount of Waste, As Well As Time Exceedence>

ATTACHMENT 1

HANDLER REPORT

(One Page)

PROCEDURES for Inspectors/Investigators/etc. performing Site Visits

Present the Facility representative with a copy of their:

- Handler Information Report (attached)
- Copy of the current Notification Form (attached)
- Copy of the current Notification Booklet (attached)

Our instructions to them are printed on their Handler Information Report - and should be self explanatory. If the facility wants to revise their Handler Information Report, they can do so and mail it back to EPA - or have the inspector deliver it.

If during the course of the site visit, the inspector/investigator becomes aware of any changes which should be made to the information printed on this form, please make the corrections and return the form to: Cynthia Sehnert-Jones, ARTD/RESP.

EPA RCRA ID Number:	IAD047055140
	Electrolux
Name of Company/Installation:	FRIGIDAIRE HOME PRODUCTS
Location of Installation:	601 E CENTRAL AVE
City/State/Zip:	JEFFERSON, IA 50129
County:	GREENE
Mailing Address:	601 E CENTRAL AVE
City/State/Zip:	JEFFERSON, IA 50129
Installation Contact:	Paul Pope RICH SMITH Environment, Health & Safety Manager
Job Title:	-FACTHITIES ENGR
Phone Number:	(515) 386- 2126 11 Ø5
Contact's Address:	601 E CENTRAL AVE
City/State/Zip:	JEFFERSON, IA 50129
	Electrolux Home Products WHITE CONSOLIDATED INDUSTRIES
Current Owner of Installation:	, ,
Owner's Address:	300 PHILLIPI RD 601 E Central Avenue
City/State/Zip:	COLUMBUS, OH 43228 Jefferson, IA SU129
Phone Number:	(614)792-4100 (515)386-1195
Owner Type:	Private
Land Type:	Private
	and a sharp of the sharp of
TYPE(S) OF REGULATED ACTIVITY:	SMALL QUANTITY GENERATOR Non-handle
Hazardous Wastes Handled:	D001 F002 Ayg
E 11/14/94 2 N 06/02/97 2	

Date of Site Visit: $4/9/\emptyset 3$	· ·
Name of Inspector (Please print): Ann V. Galbraith	p
(Check one): □ EPA R7 ENSV □ EPA R7 Contractor, □ NOWCC/SEE	E Investigator
Signature of Inspector: Dalblar II	

ATTACHMENT 2 CONFIDENTIALITY NOTICE

(One Page)

UNIT TATES ENVIRONMENTAL PROTECTIO GENCY CONFIDENTIALITY NOTICE

_						
[]	Facility Name					
h	Facility Address (May 10 me 10 ducts to melly transfer (1)					
	COOF Central Ave. Jefferson IA 50129					
Ī	Inspector (print)					
	Ann Galbaith Tela Tech EM Inc					
r	U.S. EPA, Region VII, 901 N. 5th St., Kansas City, KS 66101 Date 4/9/33					
	ne United States Environmental Protection Agency (EPA) is obligated, under the Freedom of Information Act,					
to	release information collected during inspections to persons who submit requests for that information. The Freedom Information Act does, however, have provisions that allow EPA to withhold certain confidential business					
in	formation from public disclosure. To claim protection for information gathered during this inspection you must					
re	quest that the information be held CONFIDENTIAL and substantiate your claim in writing by demonstrating that					
th	e information meets the requirements in 40 CFR 2, Subpart B. The following criteria in Subpart B must be met:					
1.	Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.					
2.	No statute specifically requires disclosure of the information.					
3.	Disclosure of the information would cause substantial harm to your company's competitive position.					
In	formation that you claim confidential will be held as such pending a determination of applicability by EPA.					
111	formation that you claim confidential will be field as such pending a determination of applicability by 22.1.					
	I have received this Notice and <u>DO NOT</u> want to make a claim of confidentiality at this time.					
r	Facility Representative Provided Notice (print) Signature/Date					
	GARY LONG Hary Jong 4/9/03					
	I have received this Notice and DO want to make a claim of confidentiality.					
H	Facility Representative Provided Notice (print) Signature/Date					
	The state of the s					
	The state of the second section of the second second second second section in the second section is the second sec					
Information for which confidential treatment is requested;						
_	11/2/2					
	111192					
_						
_						

(Rev: 11/15/99)

ATTACHMENT 3

REGION VII MULTIMEDIA SCREENING CHECKLIST

(Two Pages)

Forward Jo: EJ TSCA/EPCRA CA Wetlands UIC PWS CAA	□ CFC □ RCRA □ UST □ SPCC □
REGION VII MULTIMEDIA SCREENING CHE	ECKLIST
Facility Name: Flecholux Home Products	Inspector: Ann Galbraith
Facility Ownership: Private	Primary Media: RCRA
Street: 601 E. Central Ave.	Inspector Phone Ext.: 9/3-495-3944
City: Jefferson State: IA Zip: 50129	Date: 4/9/03
Phone: 5/5-386-1105 Facility Contact: Paul Pope	SIC code 335224
Number of Employees: 15% Work Hours/Shifts 3 skifts, 5 day	NAICS:
	washing machines.
The state of the s	Ma Chine S.
Building 2/00,000 ff2	
(Check all that apply): Painting/Coating (Water-based □, Solvent-based □); Printing □; Reacti	ing □; Formulating □; Distilling □;
Parts Washers/Degreasing (Water-based □, Halogenated-based □, Non-halogenated-based □	□); Combustion (boiler, furnaces, oxidizers) □;
Electroplating (Chrome □, Other); Electro-less plating	ng(Type)
ENVIRONMENTAL JUSTICE (Note: Forward to EJ if a concern is identified during your inspec	ction or in one of the areas below)
1. Is the facility located in a low income area (e.g.), with many abandoned and dilapidated properties)?
ाड If yes, is facility less then 1000 feet from nearest routinely occupied property (house, school, e	etc.)?. No □ (stop) Yes □ → Forward to EJ
TOXIC SUBSTANCES CONTROL ACT (TSCA) EMERGENCY PLANNING & COMMUNITY RIGHT	TO KNOW ACT (EPCRA)
1. Does facility use more than 200 gallons or 1,500 pounds per month of the following (check all that	t apply): Acids □, Bases □, Anhydrous
Ammonia \square , Chlorine \square , Chlorinated Solvents \square , Solvent-Based Paints \square , or Solvents \square ?	No ☐ (stop) Yes ☐
If yes, have Toxic Chemical Release Forms (Form R) been submitted to EPA or State? Yes	s \square (stop) No $\square \rightarrow$ Forward to TSCA
2. Does facility store more than 100 gallons or 1,000 pounds of the following (check all that apply):	Acids □, Bases □, Bulk Chemicals □,
Anhydrous Ammonia □, Chlorine □, Chlorinated Solvents □, Fuels □, Gases □, Solvent-Bas	sed Paints □, Solvents □? No ᠌ (stop) Yes □
☞ If yes, have Hazardous Chemical Inventory Forms (Tier II) been submitted to local and state	e governments (Emergency Planning
Committees or State Emergency Response Commission)? Yes □ No □ → Forward to	EPCRA
☞ If yes, have Risk Management Plans been submitted to EPA under Section 112r of the CAA	? Yes□ No □ → Forward to EPCRA
3. Does the facility have any equipment that contains PCB's at concentrations >500 ppim? No 🗵	Y(stop) Yes □
Fig. If yes, is equipment leaking (including wet or weeping equipment)? No □ (stop). Yes □ •	→ Forward to TSCA (Get Photo).
CLEAN WATER ACT (CWA) - National Pollution Discharge Elimination System (NPDES), Industrial	strial Pretreatment, Storm Water, & Wetlands
1. Does the facility discharge any wastewater to storm sewers, surface water, or the land? No 🗓	(stop) Yes 🗆
If yes, are all wastewater discharges permitted? Yes □ No □ → Forward to CWA	
2. Does the facility have process wastewaters that are discharged to a city POTW (Publically Owner	
■ If yes, are the discharges permitted by: State? □, City? □ - If yes, Stop here. No	☐ → Forward to CWA
If yes, does the city have a state or EPA approved pretreatment program? Yes □ No o	
3. During rainfall events, can storm water carry pollutants from manufacturing, processing, storage,	disposal, shipping and receiving areas, or from
construction sites >5 acres, to storm sewers or surface water? No 🛈 (stop) Yes 🗆	
If yes, does the facility have an NPDES permit for these storm water discharges? Yes	
4. Did you see any wastewater discharges not identified by the facility?: No □ (stop) Yes □ -	
5. Does the facility have any wetland areas (e.g. streams, ponds, or temporarily wet areas)? N	o □ (stop) Yes □
Self; yes; have any wetland areas that have been dredged or filled; channelized, dammed, or less that have been dredged or filled; channelized, dammed, or less that have been dredged or filled; channelized, dammed, or less that have been dredged or filled; channelized, dammed, or less that have been dredged or filled; channelized, dammed, or less that have been dredged or filled; channelized, dammed, or less that have been dredged or filled; channelized, dammed, or less that have been dredged or filled; channelized, dammed, or less that have been dredged or filled; channelized, dammed, or less that have been dredged or filled; channelized, dammed, or less that have been dredged or filled; channelized, dammed, or less that have been dredged or filled; channelized, dammed, or less that have been dredged or filled; channelized, dammed, or less that have been dredged or filled; channelized, dammed, and the less that have been dredged or filled; channelized, dammed, and the less that have been dredged or filled; channelized, dammed, and the less that have been dredged or filled; channelized or less that have been dredged or filled; channelized or less that have been dredged or filled; channelized or less that have been dredged or filled; channelized or less that have been dredged or filled; channelized or less that have been dredged or filled; channelized or less that have been dredged or filled; channelized or less that have been dredged or filled; channelized or less that have been dredged or filled; channelized or less that have been dredged or filled; channelized or less that have been dredged or filled; channelized or less that have been dredged or filled; channelized or less that have been dredged or filled; channelized or less that have been dredged or filled; channelized or less that have been dredged or filled; channelized or less that have been dredged or filled; channelized or less that have been dredged or filled; channelized or less that have been dredged or filled; channelized or less that have been d	

SAFE DRINKING WATER ACT (SDWA) - Underground Injection Control (UIC) & Public Water Syste (. WS)
1. Does facility discharge any <u>liquids</u> to the subsurface (septic systems, disposal wells, cesspools, etc.)? No ☑ (stop) Yes ☐ → Forward to UIC □ □ If yes, do these liquid wastes consist of <u>sanitary wastewater only</u> ? Yes ☐ No ☐
 Does facility provide drinking water to 25 people or more from its own source (private well, pond, etc)? No □(stop) Yes □→Forward to PWS
If yes, does the facility test or monitor its drinking water in order to comply with state regulations? Yes \(\subseteq \text{No } \subseteq \)
그는 아이들이 마음이 가면 하는 이 사람들은 아이들이 되었다. 그는 사람들은 그는 사람들이 모든 사람들이 되었다.
CLEAN AIR ACT (CAA) and CFCs
1. Do you see any dense, non-steam, smoke or dust emissions leaving the facility property? No. ✓ Yes □ → Forward to CAA. Source (Get Photo)
2. Does the facility have any new air pollution emitting equipment that was constructed or installed in the past 5 years? No 🗆 (stop) Yes
If yes, is equipment permitted? Yes □ No □ → Forward to CAA Describe:
3. Does the facility have any cooling units that contain >50 lbs of refrigerant? No ☑ (stop) Yes ☐ → Forward to CFC
□ If yes, are these units: Self-serviced? ☐ Contract Serviced? ☐ - Service Company:
4. Does the facility service motor vehicle air conditioning systems? No ☑ (stop) Yes ☐ → Forward to CFC
RESOURCE CONSERVATION AND RECOVERY ACT (RCRA) and UNDERGROUND STORAGE TANKS (UST)
1. Does the facility generate more than 30-gallons (220 lbs./100kg) of hazardous waste per month or at any one time? No 🖽 (stop) Yes 🗆
If yes, does facility have an EPA Hazardous Waste Identification Number? Yes (stop) No - Forward to RCRA (Inachive as Feb.
2. Is hazardous waste treated □, burned □, land filled □, put in surface impoundments □ or waste piles □? No □ (stop) Yes □
If yes, is the facility permitted for above described activity? Yes □ No □ → Forward to RCRA
3. Did you see or does the facility have any large quantities of materials that the facility claims to be non-hazardous waste material (>10 drums,
roll-offs, waste piles, etc. – exclude clean office trash, cardboard, & packaging type wastes)? No (stop) Yes
1 8-10 AUDIT
Testing, industry or manuf. info, MSDS, etc. None available Forward to RCRA Tasting industry or manuf. info, MSDS, etc. None available Forward to RCRA
Testing, industry or manuf. info, MSDS, etc. : None available : Forward to RCRA
Testing, industry or manuf. info, MSDS, etc. □, None available □ → Forward to RCRA
Non-hazardous fetroleum dis II (lates Testing, industry or manuf. info, MSDS, etc. ☑, None available ☐ → Forward to RCRA
Testing, industry or manuf. info MSDS, etc. □; None available □ → Forward to RCRA
4. Did you see any leaking hazardous waste containers, drums, or tanks? No ☑ Yes □ → Forward to RCRA Describe:
5. Did you see any signs of spills or releases (e.g., dead or stressed vegetation, stains, discoloration)? No No Yes T + Forward to RCRA Describe:
6. Did you see any chemical or waste handling practices that concern you (access to children/public)? No ▼Yes → Forward to RCRA
Describe: Control of the financial of wasternanding practices that content you (access to children/public) (No Mary 983 (1) -> Forward to RCRA Describe:
7. Does the facility have any past or present underground petroleum product or hazardous material tanks? No Yes - Forward to UST
8. Does the facility have any underground fuel tanks for emergency generators? No ☑ Yes ☐ → Forward to UST
SPILL PREVENTION CONTROL AND COUNTERMEASURE PLAN (SPCC)
1. Does the facility have any aboveground oil tanks (petroleum, synthetic, animal, fish, vegetable), with an aggregate volume > 1320 gallons?
No ☐ (stop) Yes ☐ - Does the facility have a certified SPCC Plan? Yes ☐ No ☐ → Forward to SPCC
If yes, are there secondary containment systems for the tanks? Yes □ No □ → Forward to SPCC If yes, are any tanks leaking where oil could reach waters of the State or U.S.? No □ Yes □ (Get Photo) → Forward to SPCC
* PLEASE TAKE PHOTOS TO DOCUMENT POTENTIAL PROBLEMS

Attachment 4

DOCUMENT CONTROL CHECK SHEET

Media:					
Air	RCRA	Water	Other specify		
1 A	X	i de Villagia.			

Activity Number:		State	•	
Facility/Site Name and Location: Electrolux Hom	e Paluets	IA K	S MO	NE
Facility/site Name and Incution: Decimple Time	C I IOMACO	X	1. 1.6.	
Detrecson, I PA		1/.1		<u> </u>
The following documents pertaining to this activ	ity are contained	in thi	s pack	age:
		Yes	No	NA
Document	7	113	<u>~</u>	<u> </u>
Final Report w/attachments	Pages	(U	()	()
Field Sheets	Pages	()	()	(4)
Chain-of-Custody Records	Pages	()	()	(V
Field Notes	Pages	()	(4	()
Analytical Data Sheets	Pages	()	()	(1)
Photographic Negatives		()	()	()
Photographs (not included w/report)		()	()	(V)
Preinspection Packet	Pages	()	(V)	(
Other Documents (list below)		()	()	(
	Pages			
	Pages			
	Pages		1	ν,
(Note: If additional space is needed to list sp	ecific documents	, utili:	ze	
reverse side.)				
CERTIFICATION			<u> </u>	
I, the undersigned, certify that all of the doc that were in my possession have been listed abo package at the time this statement was signed.	uments pertaining we and were incl	g to th uded in	is act this	ivity
Activity Leader's Signature	Date S	igned		
		3.24		